



# Community Advisory Committee Quarterly/Annual Visitation Report

CS.

County: Henderson	Facility Type:					Facility Name:										
	<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home		Gardens of Hendersonville <u>THE</u>										
	<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home												
Visit Date	2.19.19		Time Spent in Facility		1	hr	0	min	Arrival Time	11	:	10	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm

Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person

Stephanie Brown, Exec Dir

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: S Reid, A Goetz, C Larimore, N Christensen, J Tuesch, Don Streb  
Report Completed by: Sherry Reid

Number of Residents who received personal visits from committee members: 12

Resident Rights Information is clearly visible.  Y  N  
Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible. (Required for Nursing Homes Only)  Y  N  
Staffing information is posted.  Yes  No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<p><i>It appeared that several residents may need increased assistance with personal grooming such as for hair &amp; nails</i></p> <p>Census - 57 residents/60 capacity</p> <p>Family member said that the facility has made great strides since Affinity took over, but still has issues with food and bathing schedule.</p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Did you observe restraints in use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Resident Living Accommodations**

**Comments & Other Observations**

- 8. Did residents describe their living environment as homelike?  Yes  No
- 9. Did you notice unpleasant odors in commonly used areas?  Yes  No
- 10. Did you see items that could cause harm or be hazardous?  Yes  No
- 11. Did residents feel their living areas were too noisy?  Yes  No
- 12. Does the facility accommodate smokers?  
Where?  Outside only  Inside only  Both Inside and Outside.
- 13. Were residents able to reach their call bells with ease?  Yes  No
- 14. Did staff answer call bells in a timely & courteous manner?  
If no, did you share this with the administrative staff?  Yes  No

Carpeting is badly stained throughout.

Dining room floor was dirty, and tables had not been cleaned before being set for lunch.

One room had lots of trash/garbage on floor.

Staff congregated around med carts [all in center of entry area] were talking quite loud.

**Resident Services**

**Comments & Other Observations**

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
Can residents access their monthly needs funds at their convenience?  Yes  No
- 17. Are residents asked their preferences about meal & snack choices?  
Are they given a choice about where they prefer to dine?  Yes  No
- 18. Do residents have privacy in making and receiving phone calls?  Yes  No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
- 20. Does the Facility have a Resident's Council?  Yes  No

Meal options are limited - 3 kinds of sandwiches. Menu was not posted.

Resident line up in the hall waiting for the dining room doors to open for meals.

Phone is in front living room. If resident wants privacy, everyone has to leave.

**Areas of Concern**

**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Menu posting - 2nd time that the menu for the upcoming meal wasn't posted - let alone the daily/weekly menu.

General facility cleanliness; adequate housekeeping.

Residents - check their appearance re bathing/etc.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Resident Council recommended increasing meal options to 4 alternatives.

Affinity has plans to replace carpeting with wood floors and to paint.

Researching a portable phone for residents to use.

Resident that came from Blue Ridge via 4 mo hospita stay, complained that he did not have his personal possessions [cell phone, TV, frig, etc]. Administrator said they are working on getting them transferred from storage at Blue Ridge.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

